IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

A. ALL FACILITIES [EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]

1. NAME OF CLIENT OR CHILD		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY		ADDRESS		TELEPHONE ( )	
3. NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS		TELEPHONE ( )	
4. DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION				
5. DATE LEFT	FORWARDING ADDRESS				

6. REASONS FOR LEAVING FACILITY

7. **PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY**

NAME	ADDRESS	TELEPHONE
		( )
		( )
		( )

8. **OTHER PERSONS TO BE NOTIFIED IN EMERGENCY**

NAME	ADDRESS	TELEPHONE
a. PHYSICIAN		( )
b. MENTAL HEALTH PROVIDER, IF ANY		( )
c. DENTIST		( )
d. RELATIVE(S)		( )
e. FRIEND(S)		( )

9. **EMERGENCY HOSPITALIZATION PLAN**

NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. **OTHER REQUIRED INFORMATION**

a. AMBULATORY STATUS

b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE
		( )

11. COMMENTS

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE

B. RESIDENTIAL FACILITIES FOR CHILDREN

(Additional information is required by regulation for residential facilities for children.)

1. NAME OF CHILD

2. NAME AND ADDRESS OF PERSON TO CONTACT, IF AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE	SPECIFY RELATIONSHIP	TELEPHONE NUMBER
		( )
3. NAME AND ADDRESS OF PARENT(S)/PARENT'S DOMESTIC PARTNER, IF KNOWN		TELEPHONE NUMBER
		( )

4. CHILD'S COURT STATUS *(ATTACH CUSTODY ORDERS AND AGREEMENTS WITH PARENT(S), OR PERSON(S) HAVING LEGAL CUSTODY.* **NOTE:** *OPTIONAL FOR SMALL FAMILY AND FOSTER FAMILY HOMES)*

5. **PERSON(S) WITH WHOM CHILD HAS BEEN LIVING (IF KNOWN)**

NAME AND RELATIONSHIP	ADDRESS	TELEPHONE
		( )
		( )
		( )

6. **VISITATION RESTRICTIONS (BY COURT ORDER OR AUTHORIZED REPRESENTATIVE)**

PERSON(S) NOT AUTHORIZED TO VISIT CHILD		PERSON(S) NOT AUTHORIZED TO VISIT CHILD	
NAME	RELATIONSHIP	NAME	RELATIONSHIP

7. **FAMILY RESIDENCE VISITATION RESTRICTIONS**

SPECIFY, IF ANY

8. **ALL PERSONS AUTHORIZED TO REMOVE CHILD FROM HOME**

NAME	RELATIONSHIP	SPECIFY CONDITIONS

9. **TELEPHONE ACCESS**

MAKE AND RECEIVE CONFIDENTIAL CALLS	IF NO, SPECIFY RESTRICTIONS
☐ YES ☐ NO (BY COURT ORDER)	

10. COMMENTS